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101

AUTOMOBILE INSURANCE COMPANY

Premium Notice

102

Policy #: GB107-82
Amount Due: \$176.00
Due Date: 7/05/01

Coverage	Description	Amount
108 — A	Bodily Injury - Liability	37.94
109 — C	Medical Payments	8.33
110 — D50	Comprehensive	43.52
111 — G250	Collision	62.90
112 — U	Uninsured Vehicle	23.31

103

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Figure 1
(Prior Art)

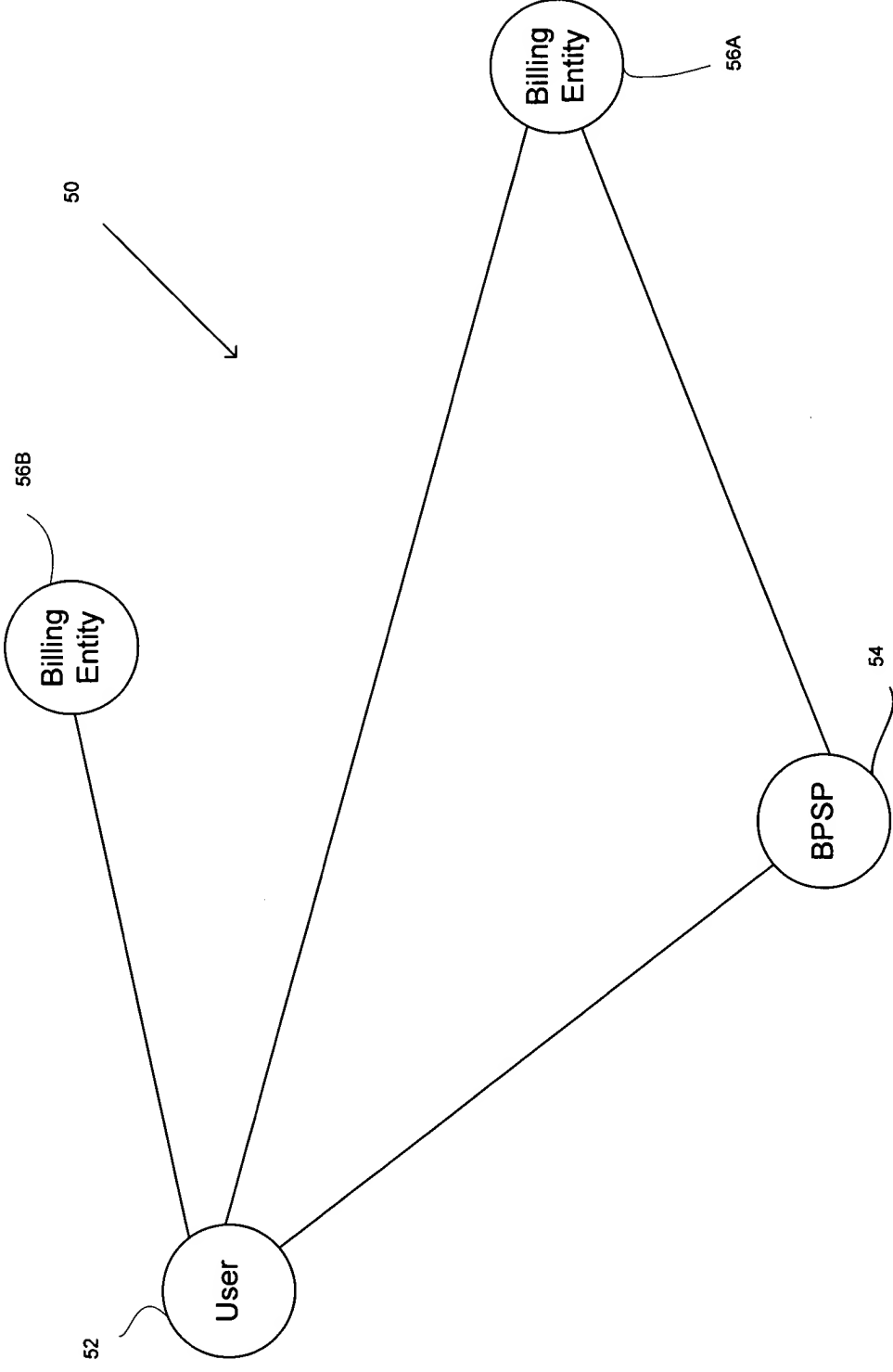


Figure 2

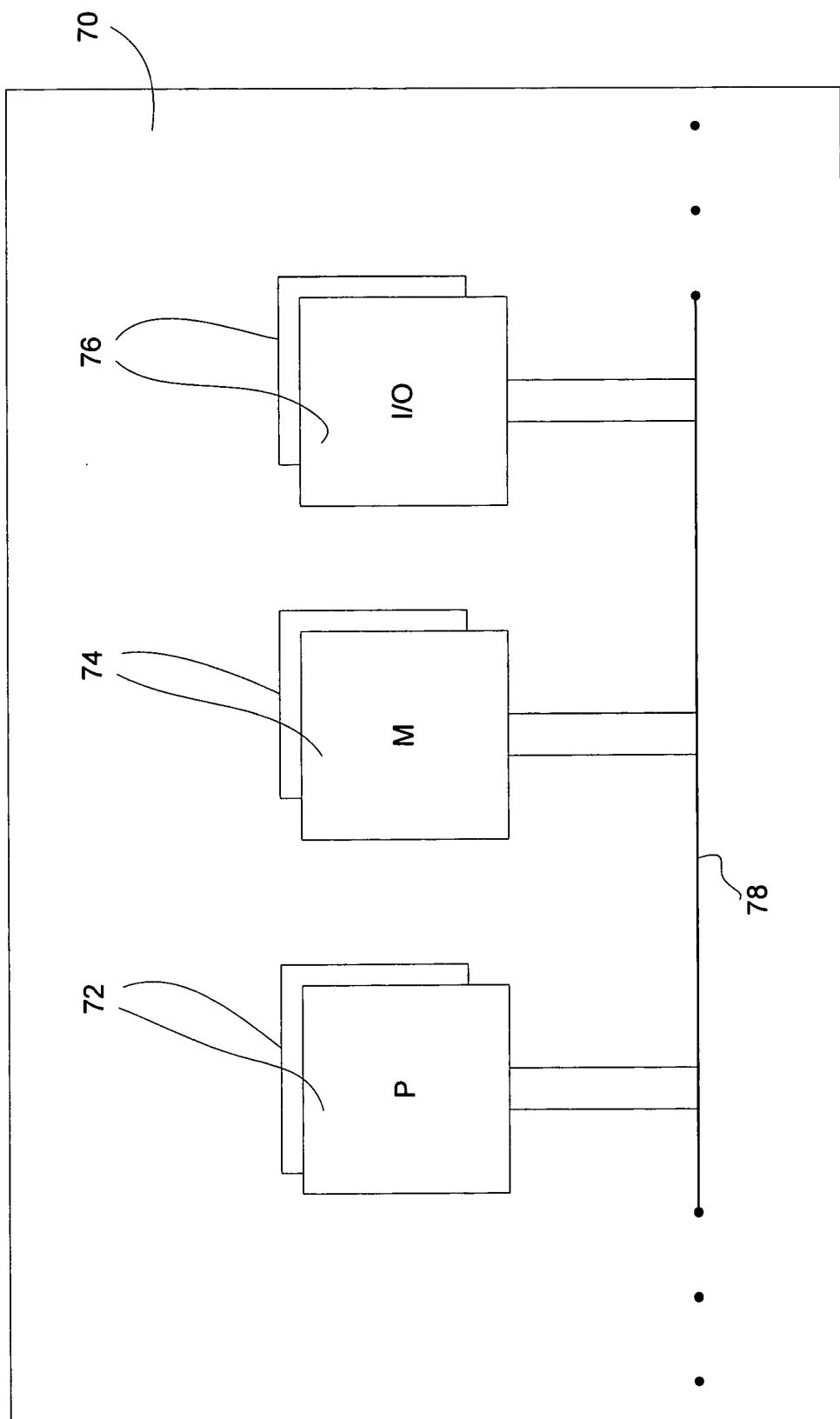


Figure 3

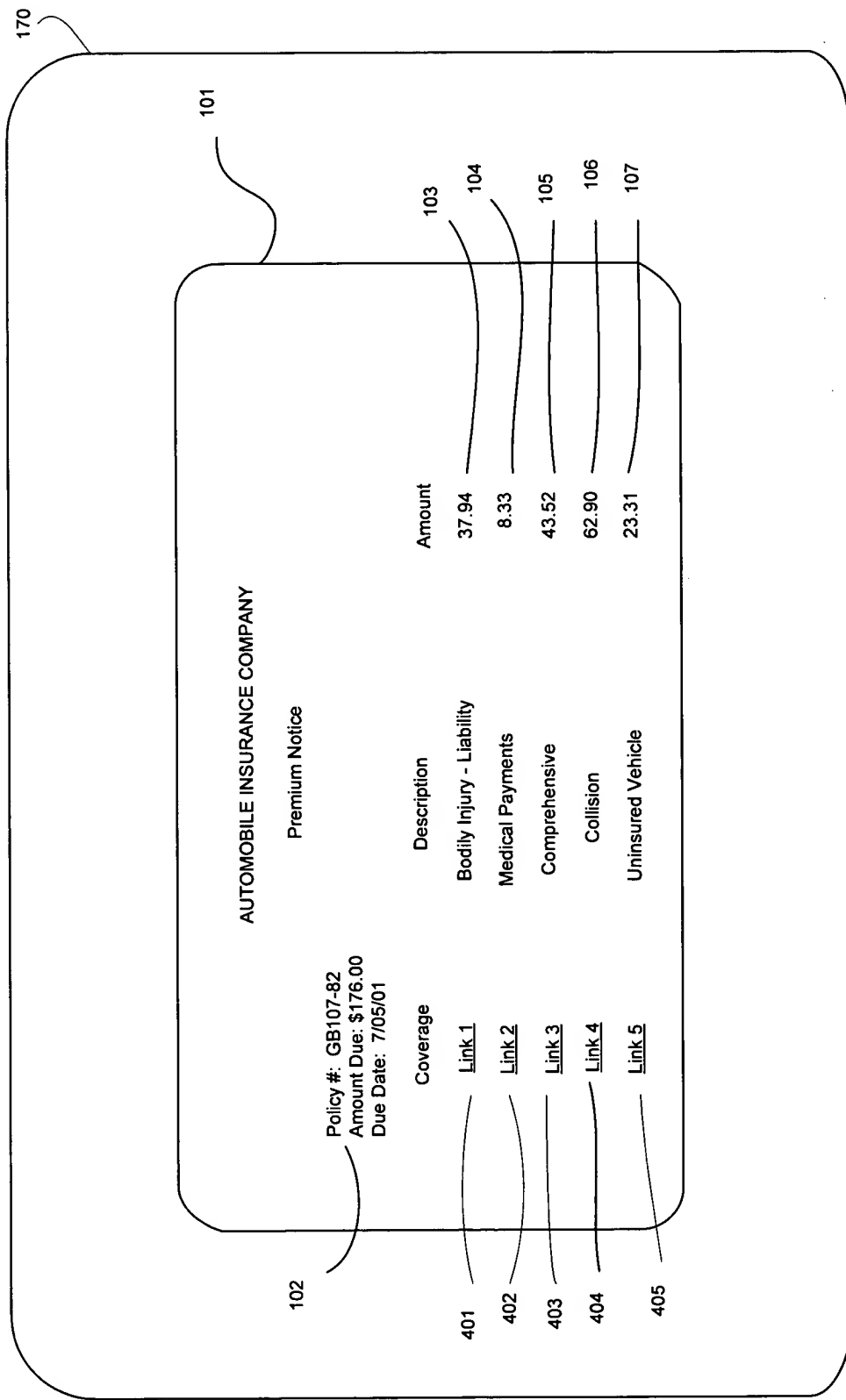


Figure 4A

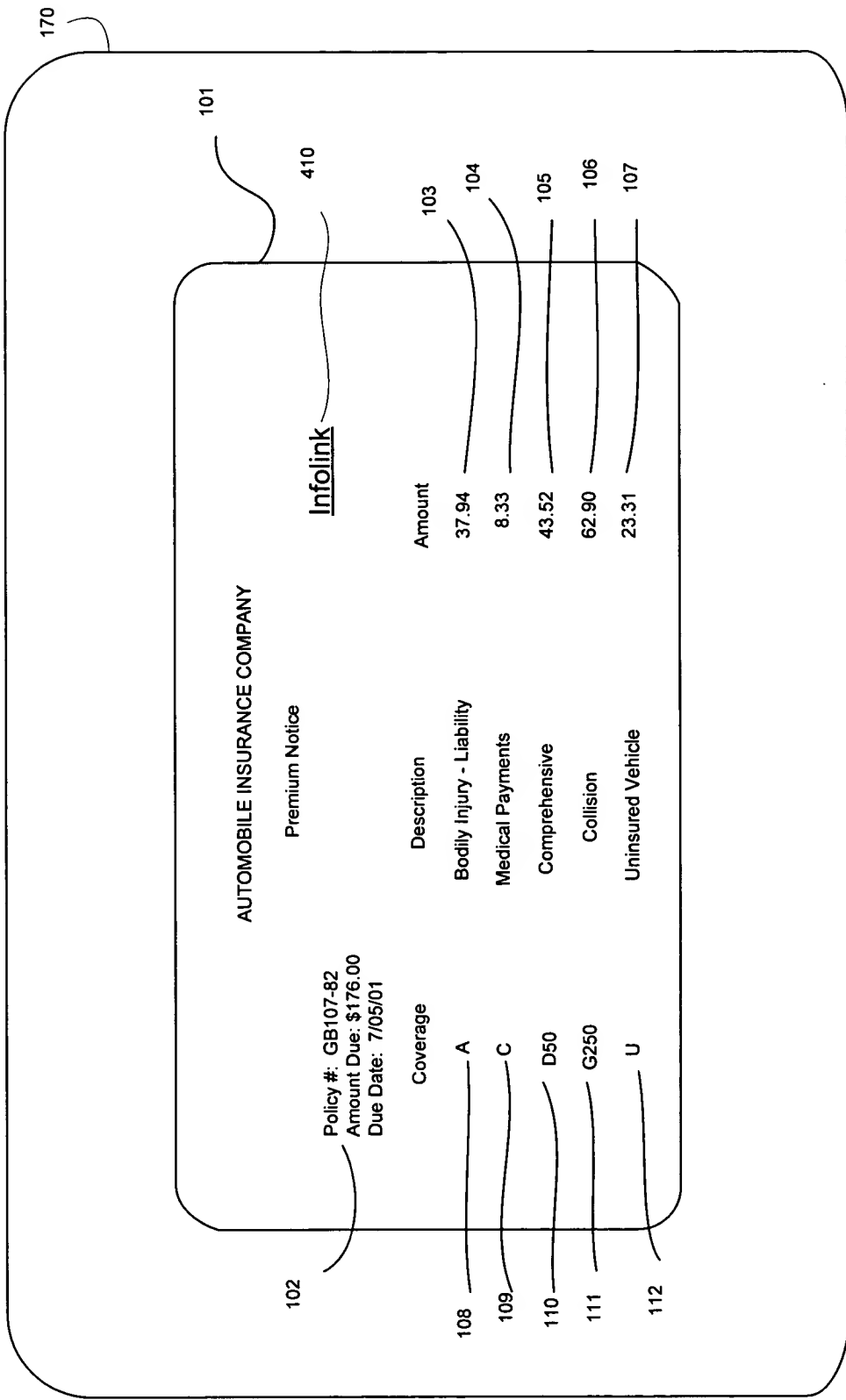


Figure 4B

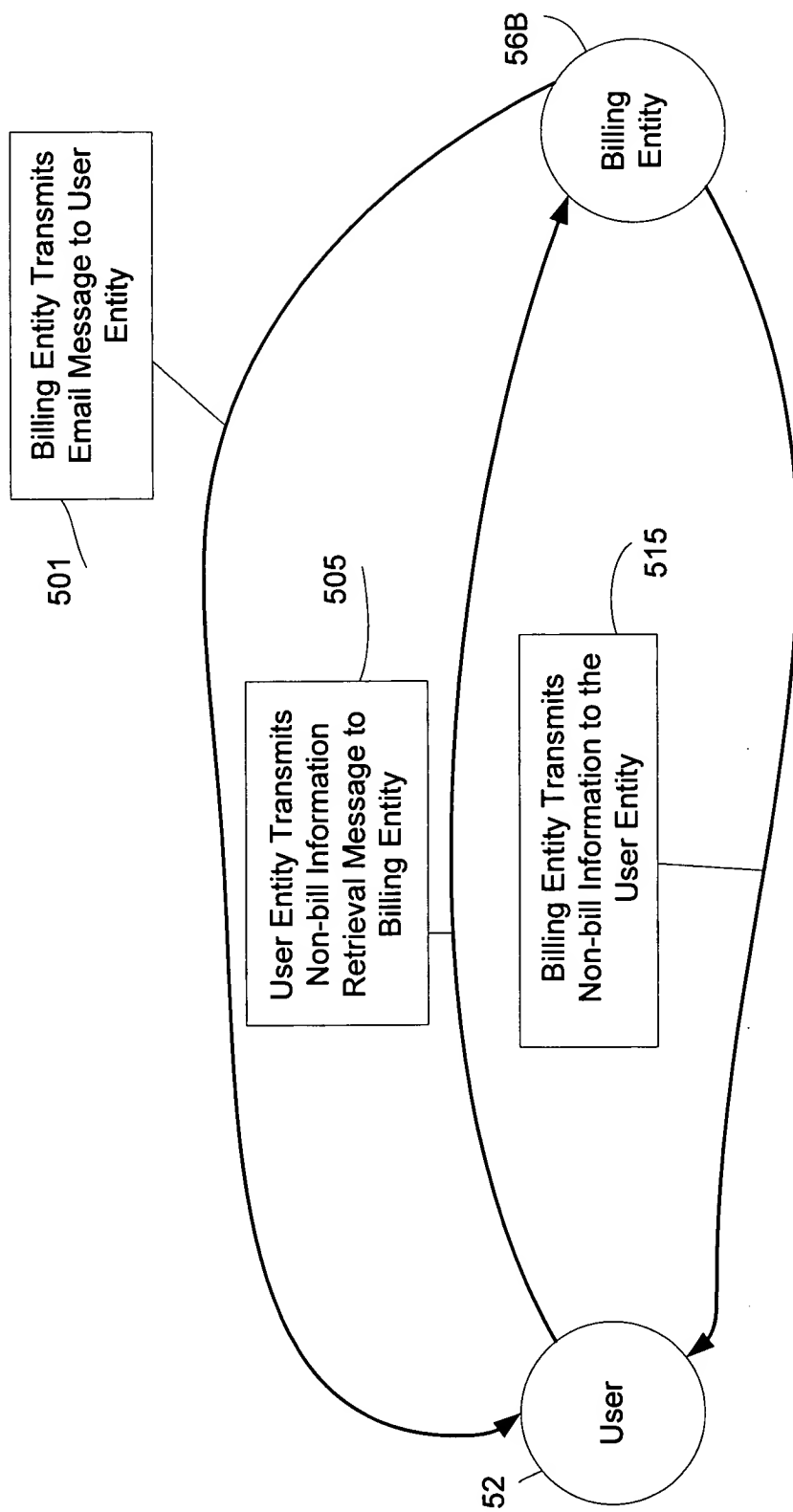


Figure 5



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Collision Insurance

Limits of Policy:

Insurer hereby agrees to provide to insured.....

Figure 6

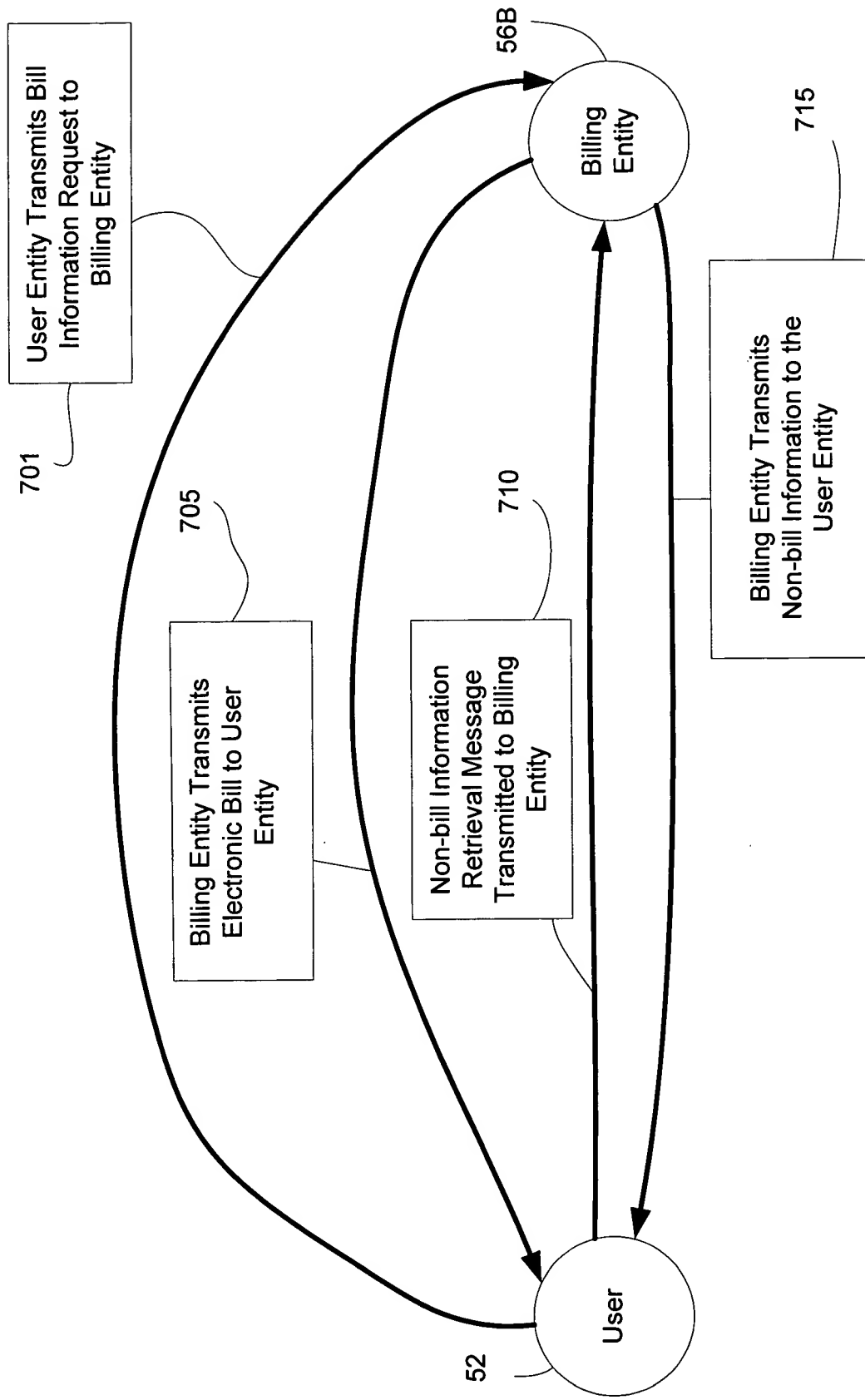


Figure 7

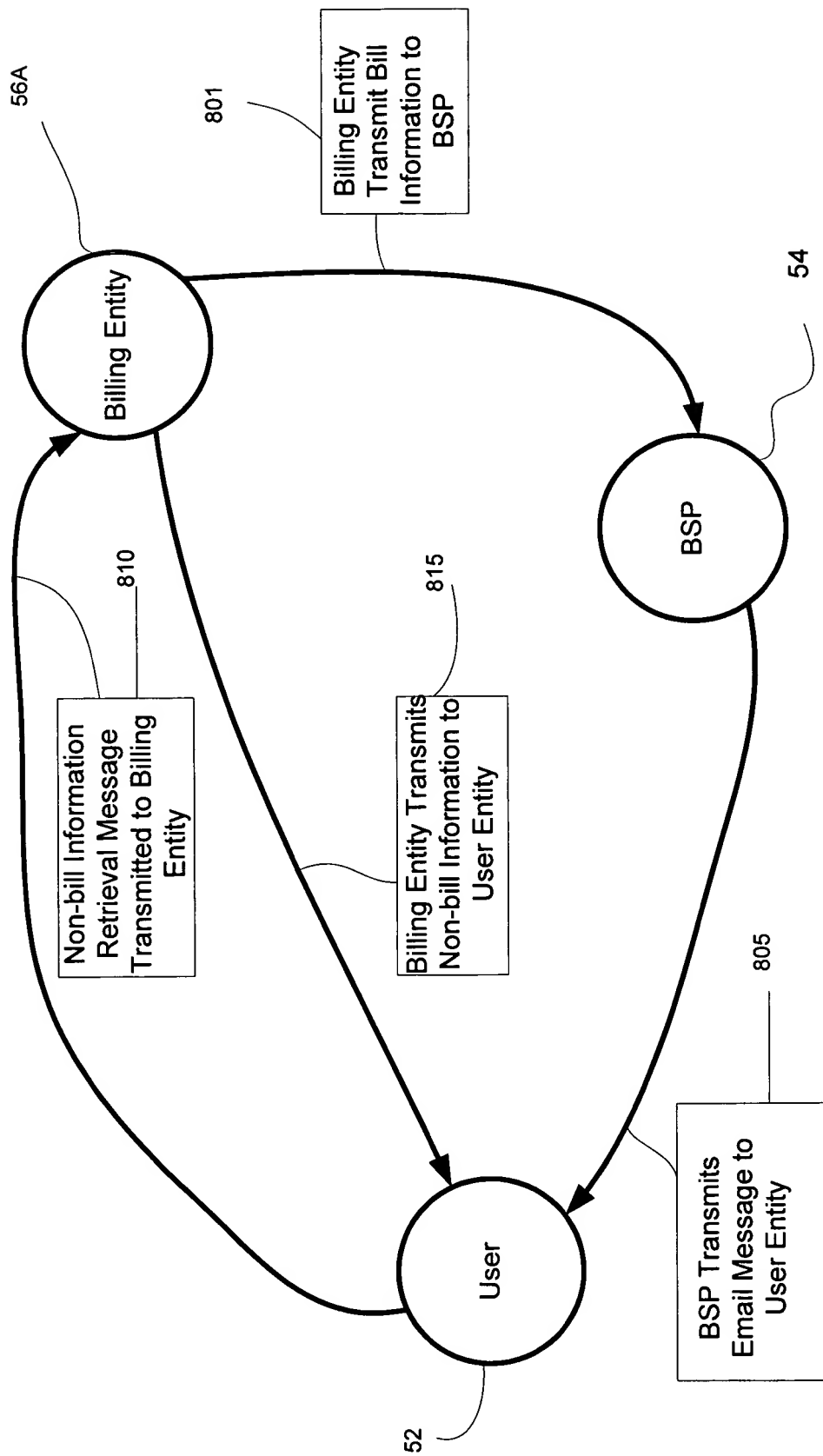


Figure 8

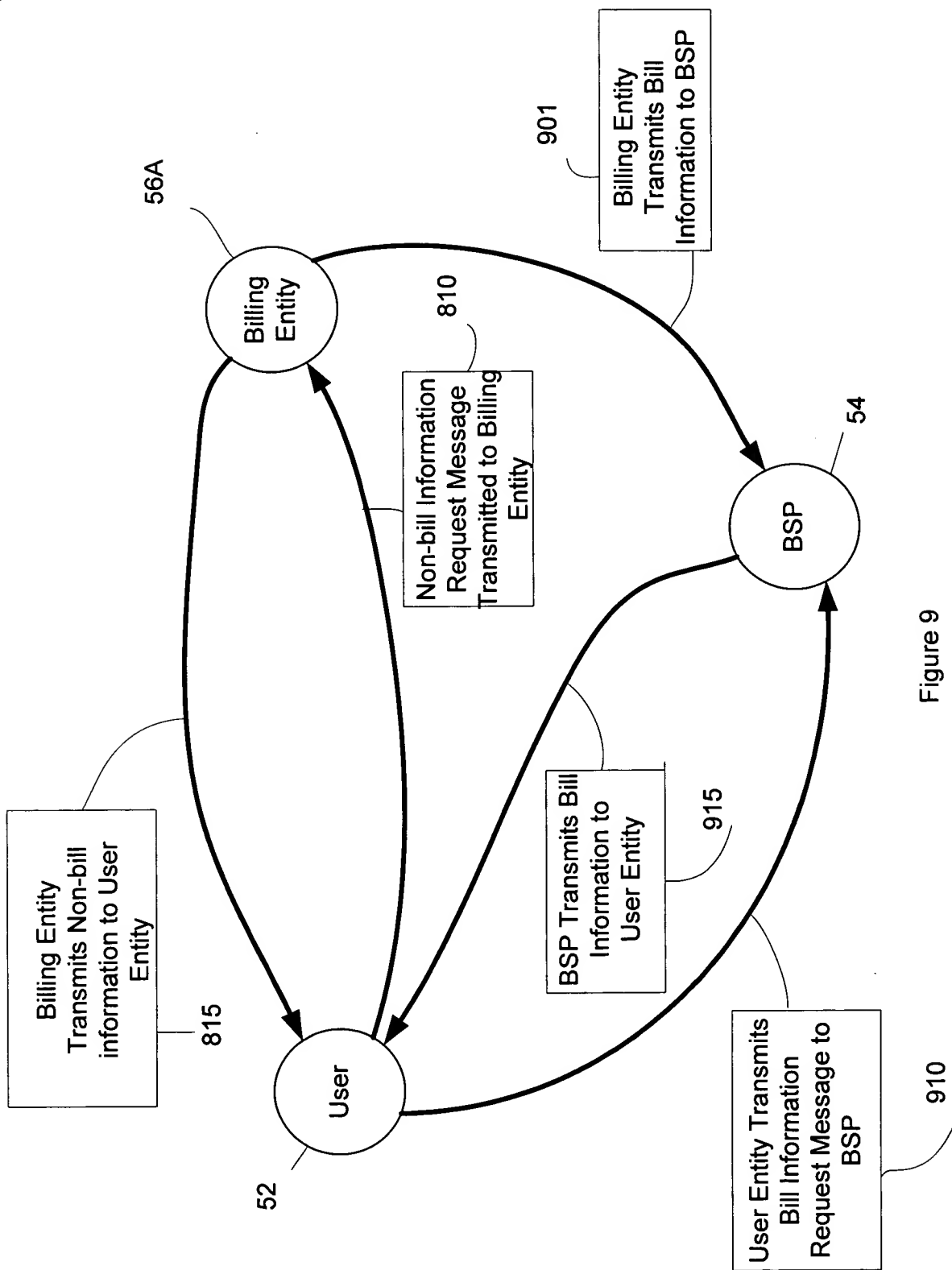


Figure 9